

Rec'd PCT/PTO 28 JAN 2005

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/522716	FILING DATE			
						APPLICANT(S)				
3-5-05						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1		1				51			
2	1		1				52			
3	1		Cancelled				53			
4	2		1				54			
5	2		1				55			
6	2		1				56			
7	2		1				57			
8	2		1				58			
9	4		1				59			
10	1		1				60			
11	1						61			
12	2						62			
13	2						63			
14	2						64			
15	2						65			
16	2						66			
17	4		1				67			
18	1		1				68			
19	1		1				69			
20	1		1				70			
21	1		1				71			
22	1		1				72			
23	2		1				73			
24	1		1				74			
25	1		1				75			
26	2		1				76			
27	1		1				77			
28	1		1				78			
29	1		1				79			
30	1		1				80			
31	1		1				81			
32	1		1				82			
33	1		1				83			
34	1		1				84			
35	1		1				85			
36	1		1				86			
37	1		1				87			
38	1		1				88			
39	4		1				89			
40	4		1				90			
41	4		1				91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	10	↓	7	↓		↓	TOTAL IND.			
TOTAL DEP.	58	←	25	←		←	TOTAL DEP.			
TOTAL CLAIMS	68		32				TOTAL CLAIMS			

**4X5
2X12
1X14**

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS